

## Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	21	5/20/93
EXAMINER	315	5/26/93
TYPIST	8F 356	8/24/93
VERIFIER	240	8-25-93
CORPS CORR.		
SPEC. HAND	401	8/16/93
FILE MAINT.	TC	5-27-93
DRAFTING		

## INDEX OF CLAIMS

Claim	Date				
Final	Original	2	10	5	
1	1	✓	=	=	
2	4	✓			
3	5	✓	=	=	
4	6	✓	=	=	
5	7	✓	=	=	
6	8	=	=	=	
7	9	=	=	=	
8	10	=	=	=	
9	11	=	=	=	
10	12	=	=	=	
11	13	✓	✓	=	
12	14	0	✓	=	
13	15	✓	✓	=	
14	16	✓	✓	=	
15	17	✓	✓	=	
16	18	✓	✓	=	
17	19	✓	✓	=	
18	20	✓	✓	=	
19	22	✓	✓	=	
20	23	✓	✓	=	
21	24	✓	✓	=	
22	25	✓	✓	=	
23	28	✓	✓	=	
24	29	✓	✓	=	
25	30	✓	✓	=	
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## SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through number) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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